



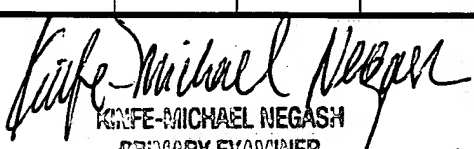
Issue Classification 	Applicant(s)	NISHIMURA, SHINJI	
	Art Unit	2633	
	Application No.	09/917,707	
	Examiner	Kinfe-Michael Negash	

ISSUE CLASSIFICATION										
ORIGINAL				CROSS REFERENCE(S)						
CLASS	SUBCLASS			CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)					
398	79			398	91	141	154	164		
INTERNATIONAL CLASSIFICATION				385	14					
H	0	4	J							
				14/02						
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				/						
				/						
				<div style="display: flex; justify-content: space-between;"> <div> <i>Sharon West</i> (Assistant Examiner) (Date) 1-28-05 (Legal Instruments Examiner) (Date) </div> <div> <i>Kinfe-Michael Negash</i> KINFE-MICHAEL NEGASH PRIMARY EXAMINER (Primary Examiner) (Date) 1/11/05 </div> <div> Total Claims Allowed: 12 <div style="display: flex; justify-content: space-around;"> <div>O.G. Print Claim(s) 1</div> <div>O.G. Print Fig. 1</div> </div> </div> </div>						

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
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2	2		32		62		92
3	3		33		63		93
4	4		34		64		94
5	5		35		65		95
6	6		36		66		96
7	7		37		67		97
8	8		38		68		98
9	9		39		69		99
10	10		40		70		100
11	11		41		71		101
12	12		42		72		102
	13		43		73		103
	14		44		74		104
	15		45		75		105
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Issue Classification 	Application N .	Applicant(s)	
	09/917,707	NISHIMURA, SHINJI	
	Examiner	Art Unit	
	Kinfe-Michael Negash	2633	

ISSUE CLASSIFICATION									
ORIGINAL					CROSS REFERENCE(S)				
CLASS	SUBCLASS				CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)			
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INTERNATIONAL CLASSIFICATION					385	14			
H	0	4	J	14/02					
				/					
				/					
				/					
				/					

_____ (Assistant Examiner) (Date)		 KINFE-MICHAEL NEGASH PRIMARY EXAMINER (Primary Examiner) (Date) 11/4/05	Total Claims Allowed: 12	
_____ (Legal Instruments Examiner) (Date)			O.G. Print Claim(s) 1	O.G. Print Fig. 1

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant				<input type="checkbox"/> CPA				<input type="checkbox"/> T.D.				<input type="checkbox"/> R.1.47			
Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original		
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10	10		40		70		100		130		160		190		
11	11		41		71		101		131		161		191		
12	12		42		72		102		132		162		192		
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	14		44		74		104		134		164		194		
	15		45		75		105		135		165		195		
	16		46		76		106		136		166		196		
	17		47		77		107		137		167		197		
	18		48		78		108		138		168		198		
	19		49		79		109		139		169		199		
	20		50		80		110		140		170		200		
	21		51		81		111		141		171		201		
	22		52		82		112		142		172		202		
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	30		60		90		120		150		180		210		